

Funding Opportunity

Government of the District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)

H

A

H

S

T

A



FY2015 HIV Prevention Special Programs and Needle Exchange

RFA: #HAHSTA_PSP071114

Application due date: 08/11/2014



Vincent C. Gray
Mayor, District of Columbia

GOVERNMENT OF THE DISTRICT OF COLUMBIA



Terms and Conditions

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH):

1. Funding for an award is contingent on continued funding from the DOH grantor or funding source.
2. The RFA does not commit DOH to make an award.
3. DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. DOH shall notify the applicant if it rejects that applicant's proposal.
4. DOH may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
5. DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
6. DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility.
7. DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
8. DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
9. DOH shall provide the citations to the statute and implementing regulations that authorize the grant or sub-grant; all applicable federal and District regulations, such as OMB Circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at the following site: www.oca.dc.gov (click on Grants) or click here: [City-Wide Grants Manual](#)

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442-9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

Table of Contents

OVERVIEW	1
APPLICATION CORE ELEMENTS	6
PROGRAM ACTIVITY DETAILS: AREA A: NEEDLE EXCHANGE AND HARM REDUCTION SERVICES.....	7
AREA A1: NEEDLE EXCHANGE SERVICES	8
AREA A2: ENHANCING HARM REDUCTION IN THE DISTRICT	10
PROGRAM ACTIVITY DETAILS: AREA B: SPECIAL HIV PREVENTION INITIATIVES	12
AREA B1: PREVENTION FOR AFRICAN AMERICAN HETEROSEXUAL MEN AND MSM	12
AREA B2: PREVENTION FOR AFRICAN AMERICAN WOMEN THROUGH FAITH-BASED APPROACHES.....	15
AREA B3: PRE-EXPOSURE PROPHYLAXIS SUPPORT AND OUTREACH.....	16
AREA B4: LATINO NAVIGATOR SERVICES.....	19
AREA B5: OLDER ADULTS AND HIV	21
AREA B6(a): YOUTH SERVICES: PEER EDUCATION AND SUPPORT	23
AREA B6(b): YOUTH SERVICES: BUILDING HIV/STD CAPACITY AMONG PROVIDERS TO YOUNG PEOPLE..	26
AREA B6(c): YOUTH SERVICES: SOCIAL MOBILIZATION.....	28
APPLICATION ELEMENTS.....	29
APPLICATION SUBMISSION PROCEDURES.....	30
APPLICATION EVALUATION CRITERIA.....	32
REVIEW PROCESS AND FUNDING DECISIONS.....	36
POST AWARD ACTIVITIES.....	37
BUDGET DEVELOPMENT AND DESCRIPTION.....	38
ASSURANCES.....	38
GLOSSARY OF TERMS.....	40
ATTACHMENTS.....	41



OVERVIEW

Purpose

The DC Department of Health, HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) intends to support critical priorities and innovative strategies that reinforce prevention activities for high-risk HIV negative individuals and persons living with HIV in the early stages of their infection. Activities solicited by this RFA will enhance existing prevention services and expand access to HIV and hepatitis screening. Activities include the following program areas and program models: Needle Exchange Services, Harm Reduction Activities, Prevention Services for African American Heterosexual Men and MSM, Prevention for African American Women through Faith-based Approaches, Pre-Exposure Prophylaxis Support and Outreach, Latino Navigator Services, Older Adults and HIV, Youth Services: Peer Education and Support Services, Youth Services: Building HIV/STD Capacity among Providers to Young People, and Youth Services: Social Mobilization.

These strategies and interventions have been successful in filling important gaps in programming, offering innovative prevention activities to target sub-populations, and in enhancing overall impact of prevention activities in the District of Columbia. **All services are for District residents in District venues ONLY.**

The long term goals of Special HIV Prevention and Needle Exchange programs will include:

- Increasing the number of District residents who have access to harm reduction services such as needle exchange services;
- Increasing the number of District residents who have access to locally-supported interventions, which have shown success at filling gaps in important programming and offering innovative prevention activities for specific target populations;
- Increasing access to screening for Hepatitis B and C by supporting qualified applicants with linkages to additional support services; and
- Expansion of prevention strategies through the promotion of services to African American, heterosexual men and MSM, support for Pre-Exposure Prophylaxis (PrEP), Latino, youth services, faith-based, needle exchange and older adult populations.

Available Funding: Approximately \$2,220,000.00 will be available for FY 2015 grant awards, with a two year optional, performance-based continuation year. Grants will be awarded through the use of District of Columbia Appropriated Funds as authorized by pending legislation for the FY 15 local budget. Grant awards under this authorization are projected to begin October 1, 2014 and end September 30, 2015, with two option years. Additionally the District is in receipt of federal funds allocated to the District's FY 14 budget and shall make those available to fund some projects starting September 30, 2014.

Total Available Funding: Approximately \$2,220,000.00

PROGRAM AREA A- Harm Reduction and Needle Exchange

Total Available- \$720,000.00

Service Areas:

- Harm Reduction Activities
- Needle Exchange Services

Funding Period: October 1, 2014- September 30, 2015. Two year continuation through September 30, 2016 based on availability of funds, fiscal and programmatic grant performance, and alignment with developing data and priorities. Anticipated date of award is on or about October 1, 2014.

Amount Available: Approximately \$720,000.00 will be available for FY 2015 grant awards, with a two year optional, performance-based continuation year. Grants will be awarded through the use of District of Columbia Appropriated Funds as authorized by legislation for the FY 15 local budget. Up to 4 awards for Needle Exchange and 1 award for Harm Reduction Activities, ranging from \$50,000 to \$450,000 each will be awarded for successful applicants.

PROGRAM AREA B- Special HIV Prevention Initiatives

Total Available- \$1,500,000.00

Multiple Service Areas:

- Prevention Services for African American Heterosexual Men and MSM
- Prevention for African American Women through Faith-Based Approaches
- Pre-Exposure Prophylaxis Outreach and Support
- Latino Navigator Services
- Older Adults and HIV
- Youth Services: (a) Peer Education and Support Services, (b) Building HIV/STD Capacity among Providers to Young People, (c) Social Mobilization

Funding Period: October 1, 2014- September 30, 2015. Two year continuation through September 30, 2016 based on availability of funds, fiscal and programmatic grant performance, and alignment with developing data and priorities. Anticipated date of award is on or about October 1, 2014.

Amount Available: Approximately \$1,500,000.00 will be awarded to support Special HIV Prevention Initiatives, such as: Prevention Services for African American Heterosexual and MSM Men, Prevention for African American Women through Faith-Based Approaches, Pre-Exposure Prophylaxis Support and Outreach, Latino Navigator Services, Older Adult and HIV, Parents Matter, and Youth Services: (a) Peer Education and Support Services, (b) Building HIV/STD Capacity among Providers to Young People and (c) Social Mobilization.

Eligible Applicants

The following are eligible organizations/entities who can apply for grant funds under this RFA:

- Private, non-profit organizations, licensed to do business in the District of Columbia
- Private entities include community-based and faith-based organizations

Using Data to Drive Program Planning and Decision Making

In July 2014, the DC Department of Health, HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) released the most recent *Annual Epidemiology & Surveillance Report* with data through December 2012. The Department of Health (DOH) continues to see multi-year progress in reducing new cases of HIV in the District. For the first time in this report, DOH reported an estimate of HIV incidence data for the District. The first estimate shows there is a decline in new infections, new infections are proportionately impacting younger people and new infections are impacting heterosexuals.

Through the use of the District's mature HIV surveillance system, HAHSTA is committed to capitalizing this information to drive types of prevention programming that it funds. The District continues to be impacted by severe epidemics. The update of the District epidemics in the year 2012 is:

- 16,072 residents of the District of Columbia (2.5 percent of the population) are living with HIV.
- All race/ethnicities with HIV exceed 1% of their respective populations, with African Americans disproportionately impacted at 3.9%.
- Men who have sex with men (MSM) and heterosexual contact are the two leading transmission modes reported among newly diagnosed and identified HIV cases.
- There were reports of 7,258 new cases of chlamydia, 2,605 new cases of gonorrhea and 173 new cases of primary and secondary syphilis reported.
- There were reports of 2,402 cases of hepatitis B and 9,819 cases of hepatitis C diagnosed between 2008 and 2012.
- The rate of new TB cases decreased 35% from 9.1 per 100,000 in 2008 to 5.9 per 100,000 in 2012.

Applicants are strongly encouraged to use the local data available in their program design and application activities. You may obtain HIV/AIDS statistics and HIV needs assessment data from the HAHSTA website:

- [HIV/AIDS, Hepatitis, STD and TB Annual Report 2012](http://doh.dc.gov/node/678522)
<http://doh.dc.gov/node/678522>

- Heterosexual Relationships and HIV in Washington, DC
http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/HET_BEH_STUDY.PDF
- Injection Drug Use: IDUs and HIV Infection in DC
http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/IDU_Behavior_Study_2010_0.pdf
- Epidemiology: The DC HIV Behavior Study Series
<http://www.doh.dc.gov/doh/cwp/view,a,1371,q,604257.asp>
- HIV Prevention Plan for 2012-2015
http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC%20Comprehensive%20HIV%20Prevention%20Plan%202012-2015_1.pdf
- HIV Youth Prevention Plan
http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/administration_offices/hiv_aids/pdf/hiv_youth_prevention_initiative_4.pdf
- Washington, DC Regional Eligible Metropolitan Area Comprehensive HIV Care Plan for 2012 - 2015
http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Comprehensive%20HIV%20Care%20Plan%202012-2014%20%282%29_0.pdf
- HIV Resource Directory
<http://haadirectory.doh.dc.gov/>

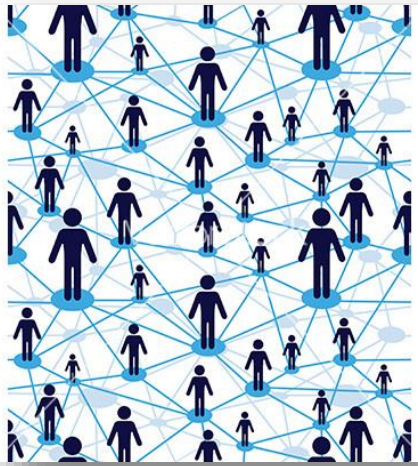
In addition, data from research studies and other valid and reliable resources, such as peer-reviewed literature, journal articles and published findings may be used.

<http://hivlawandpolicy.org/sites/www.hivlawandpolicy.org/files/Straight%20Talk%20-%20HIV%20prevention%20for%20African%20American%20Heterosexual%20Men%20-%20Theoretical%20Bases%20and%20Intervention%20Design%20%28Frye%20et%20al%29.pdf>

Addressing the Complexities of Individual's Lives through a Network of Services

FY2015 HIV Prevention Special Programs and Needle Exchange

The District seeks proposals to implement wide-reaching HIV prevention strategies that use innovative approaches to protect as many people at risk for HIV as possible and address the needs of residents in diverse communities, including broad-based efforts to reach individuals who do not perceive themselves to be at high risk for HIV.



These interventions promote risk reduction and safer sexual behaviors for older adults, the youth population, African American heterosexual men, men who have sex with men (MSM), African American women in faith-based settings, injection drug users, those at risk for hepatitis, and support for pre-exposure prophylaxis services (PrEP). Additionally these services ensure early access to treatment for HIV, sexually transmitted diseases (STDs) and hepatitis, and linkages to continuous health care for HIV-positive individuals.

Many of these interventions will ensure a smooth transition from HIV prevention services to long-term, on-going access to after-care support and follow-up. These interventions must:

- Address factors that put individuals at risk for HIV infection and transmission, such as awareness of personal risk, communications skills, prevention message burnout, fear of social rejection due to disclosure, lack of information about services and limited access to care.
- Address multiple needs and incorporate effective strategies to create linkages to a wide range of human service programs and providers.

Additional Non-funded Resources and Opportunities

HAHSTA encourages applicants to consider adding complementary activities and resources to its prevention programs as appropriate. It is encouraged that the following add-on opportunities be utilized to develop a comprehensive HIV prevention program that addresses key District goals for reducing transmission of HIV; such as, increasing the number of condoms distributed and increasing access to clean syringes, increasing the number of syringes removed from the street and increasing the number of individuals aware of their hepatitis risk and status.

HIV testing technical assistance/test kit supports: the District is committed to providing free rapid HIV tests to community partners to make this non-invasive technology available to broader segments of the population. HAHSTA offers test kits, training for providers, and technical assistance to funded as well as unfunded partners.

Whenever applicable, applicants are expected to participate in test promotion rather than test provision. HAHSTA has developed a wide social marketing strategy to promote the participation in HIV screening at the provider as well as at the community level. For example, materials for the “Ask for the test” are readily available for providers to distribute within the community preferably outside of their established client base in order to enhance the impact of this social

marketing campaign.

Partner Services: DOH/HAHSTA provides toolkits, training and support around Partner Services (PS). The toolkits and training are designed to develop the skills of CTRS providers to encourage greater cooperation with DOH when it contacts individuals to elicit partners in order to maximize the number of persons exposed to HIV who know their status and, if necessary, are connected to HIV medical care. With expansion of Partner Services, DOH maintains responsibility for directly providing the partner follow-up services, but relies heavily on HIV testing partners for cooperation by newly diagnosed persons.

Innovative Testing Strategies: HAHSTA also makes available to funded and non-funded providers, training and skills development in innovative CTRS strategies such as Social Networks. HAHSTA is able to mobilize resources to schedule Social Networks trainings, hosted by CDC and HAHSTA staff.

Application Core Elements

Each application should address the following, as applicable to the respective Program Areas:

Past Program Performance: Evaluation of past performance will include: the quality of services administered by the sub-grantee, ability to meet program deliverables, adherence to terms of the grant agreement, submission of program reports and invoices on a timely basis, maintaining the fidelity of the funded intervention and, ensuring that applicable staff is properly trained on the selected intervention. Past performance on **all** HAHSTA sub-grants will be a factor used to determine individual funding eligibility under this RFA.

Prevention Activities: Selection and implementation of prevention activities requires an understanding of the types of programming that will be most effective at reaching the target populations; people living with HIV/AIDS, African American heterosexual men, individuals and providers participating in the PrEP regimen, high-risk HIV negatives, men who have sex with men, (MSM), youth, older adults, people at risk for or living with Hepatitis B and C, injection drug users, and those needing to be linked into care. Additionally, the applicant must demonstrate the ability to access the client as well as their social/sexual networks. Approaches to adapt to new populations must also be described.

Recruitment/Retention: Depending on the intervention and the setting, recruitment or engagement may be performed through outreach/in-reach efforts within clinical and non-clinical settings. Additionally, HAHSTA encourages the use of models with demonstrated efficacy in engaging the specific target population. The applicant must describe their ability to access, recruit, retain and provide services to the target population.

Monitoring and Evaluation: Routine capture, reporting, and review of key characteristics of individuals targeted and enrolled in and completing behavioral interventions are critical to successful program implementation. The monitoring and evaluation plan should outline the organizations capability to comprehensively collect all data characteristics. The plan should also include targets for number and types of providers and professionals to be reached and outcomes for program goals. The applicant must be able to demonstrate the ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and

FY2015 HIV Prevention Special Programs and Needle Exchange

progress towards program goals and deliverables. All funded providers are required to report client-level data in accordance with DOH-specific policies and processes.

Condom Distribution/Recruitment: Condom use is a critical tool in preventing the transmission of HIV, as well as STDs and hepatitis. Yet, surveys of District residents show that many people do not use condoms regularly. Increasing the quantity and accessibility of condoms is a high priority for HAHSTA. Studies show that public free condom distribution programs increase use and encourages up take rates. A recent survey revealed that three-quarters of District residents would use more condoms if they were available for free. Applicants could incorporate condom distribution into their existing programs and/or include recruitment of non-stigmatized locations to increase availability of free condoms to their target populations. HAHSTA will provide free condoms.

Work Plan: Development of a work plan that clearly defines number and types of providers and professionals to be reached; strategies for engaging target population; stigma reduction approaches, timelines, and training and implementation of described program.

Collaboration: All DOH/HAHSTA funded prevention providers will be required to participate in collegial forums/workshops provided by the Department of Health. The purpose of these groups will be to foster collaboration, share best practices, address challenges, and coordinate prevention efforts across service area types in order to maximize the city's HIV prevention resources.

Quality Improvement Plan: A Quality Improvement Plan that must, at a minimum, address outcome indicators required for each service area. The quality improvement plan must include a review of appropriateness, quality, and timeliness of the delivery of services.

DESCRIPTION OF PROGRAM AREAS

Program Area A: Needle Exchange and Harm Reduction Activities

Purpose of Area A Awards: This program area is intended to support critical priorities and innovative strategies such as Needle Exchange Services (NEX) and Harm Reduction Activities. Needle Exchange has proven to be an effective strategy for reaching persons who inject drugs and is centered around ensuring that complementary services such as primary medical care, HIV testing and Hepatitis B and C screenings are available. NEX has shown effectiveness in reducing the spread of HIV among injection drug users and harm reduction activities will increase the numbers of injection drug users who know their HIV and hepatitis status.

Area A Program Activities:

A1: Needle Exchange Services

A2: Harm Reduction Activities

PROGRAM ACTIVITY DETAILS: AREA A

Needle Exchange and Harm Reduction Activities

Area A1: Needle Exchange Services

**Approximately \$720,000.00 available, up to four (4) awards*

The purpose of this program area is to fund up to 4 providers to deliver comprehensive HIV prevention and education services to the District's injection drug users using Needle Exchange as the core intervention. Applicants must provide detailed descriptions for programmatic approaches that ensure access to a full range of complimentary services. HAHSTA's strategy for implementing needle exchange remains to be centered on employing existing health and social services providers that serve the IDU population to integrate needle exchange into their portfolio of services.

HAHSTA continues to seek innovative program approaches for NEX services in the District, and seeks to recruit a variety of provider types. HAHSTA is seeking fixed locations of existing providers, outreach efforts, and pharmacy-based models either directly provided by pharmacies or through collaboration with a community-based provider.

Applicants must clearly demonstrate how their existing services provide an adequate platform for engaging active injection drug users and detail how that engagement will occur. Applicants must describe plans for staff training and retention. Applicants must demonstrate how they will support any needed culture change within their organization to accommodate the specific needs of NEX clients. Applicants must describe how their current and proposed services relate to the establishment of a continuum of care for NEX clients. Basically, applicants must demonstrate how their current program portfolio enhances service delivery for injection drug users participating in a needle exchange program.

A key component for measuring the quality of the applicant's program plan will be demonstration of a clear understanding that engaging NEX clients in complementary services other than needle exchange is critical to conducting an effective program. The plan for linkage to services must be detailed and include steps that enhance the potential for positive health outcomes for clients.

Applicants must provide a scope of work, identify a program approach, include the number of clients to be served, and the service units to be delivered. Applicants must complete a 12 month

budget and service plan that clearly outlines a plan for delivery of a package of services for IDU's. Applicants must establish, document, and maintain formal linkages internally and/or externally for provision of comprehensive services to clients, including HIV counseling and testing, HIV medical care linkages, hepatitis risk and prevention education, hepatitis screening, case management, primary medical care services, residential and outpatient substance abuse treatment programs, methadone programs, mental health services, and other support services.

Applicants may choose additional program elements from the following list and are encouraged to propose other HIV and Hepatitis related services not listed below. These elements may be provided directly or indirectly by establishing avenues and protocols for supported linkages.

Programs demonstrating evidence of effective methods for ensuring linkage will be given preference over programs whose only evidence of contact with complimentary services is a written memorandum of agreement.

- Comprehensive individual assessment
- Traditional case management (linkages to detox, substance use treatment, medical care, mental health, social services, HIV and/or hepatitis treatment adherence)

Program Required Elements and Specific Evaluation Criteria for Program Area A1

Target Population: The applicant must include a full description of their target population and the cultural competency required to serve the population. Applicants must demonstrate an understanding of the barriers to service utilization that are often the case for injection drug users and give a thorough plan for increasing the potential for successful linkage. Using a client advocacy, navigation or a short term case management approach are accepted ways of addressing supported linkages that provides potential for greater success. This section should also include the number of individuals to be targeted and served.

Needle Exchange Services: Applicants must describe their ability to establish programmatic protocols for NEX service delivery, recruitment of new clients and retention of existing clients, record keeping regarding interactions with new and returning clients, protocols for exchanging sterile injection equipment for used equipment, proper disposal of used needles and syringes and training of needle exchange personnel.

Harm Reduction Activities: Applicant must demonstrate their understanding of harm reduction principles and practice, their knowledge of needle exchange best practices and an understanding of HAHSTA policies and procedures for delivery of NEX services.

HIV Counseling & Testing: The applicant must present a detailed plan for increasing knowledge of HIV status among clients of their needle exchange program. This can take the form of performing HIV testing or linking clients to HIV counseling and testing. In either case a complete description of how this task will be accomplished is expected. The application should emphasize how clients found to be HIV positive will be linked into HIV medical care. The applicant must also address ability to access providers that offer HIV medical care and are user

friendly for the IDU population. **MOU's without evidence of direct contact with agency personnel do not meet HAHSTA's requirement for demonstrating strong relationships that lead to enhanced access and/or linkage to services.**

Hepatitis Prevention & Screening: The application must include a detailed description of how the applicant will provide either direct services or supported linkage to hepatitis prevention, education and screening services. The application should demonstrate an extensive understanding of hepatitis infection as it pertains to the IDU community and should provide a clearly outlined strategy for linking hepatitis positive clients to a medical home where their disease can be managed. **Due to heightened concerns regarding hepatitis infection among injection drug users in the District, attention to this program element will be given special attention during review of applications for this request for applications.**

Stigma Reduction: The applicant must describe how they will address stigma associated with accessing HIV and hepatitis treatment services. The applicant must include a plan that details the steps that will be taken to ensure fear of rejection and/or stigma do not cause a barrier to participants accessing services.

Other Supported Linkage Services: The application must include a detailed description of how the applicant will provide supported linkage to services such as; drug detox and treatment, mental health services, wound care services, overdose prevention, STD screening and other social service needs of the IDU population. Supported linkage refers to a “hands on” approach for ensuring successful linkage and involves documented follow up on the clients’ progress in securing needed services.

Area A2: Enhancing Harm Reduction in the District

Approximately \$200,000, up to one provider

The purpose of this program area is to increase the numbers of District residents who know their HIV and hepatitis status and to implement strategies for increasing utilization of primary medical care, substance abuse treatment and hepatitis diagnosis and treatment with particular attention paid to the needs of injection drug users, foreign born individuals and adults born between 1945 and 1965. HAHSTA is seeking one provider to provide HIV and hepatitis screening and linkage to care for District residents.

The scope of this program area has been expanded beyond injection drug users to include foreign born individuals and members of the birth cohort born between 1945 and 1965. National surveys indicate prevalence of chronic hepatitis B among foreign-born persons in the USA is 5.6 times higher than US-born (<http://www.ncbi.nlm.nih.gov/pubmed/24705737>). Additionally, new updates expands the 2004 USPSTF recommendation giving a “Grade B” recommendation for HCV screening in persons at high risk for infection while now also including one-time screening for HCV infection in adults born between 1945 and 1965 in that recommendation. See more at: <http://blog.aids.gov/2013/06/uspstf-releases-hepatitis-c-screening-recommendations.html#sthash.34RkVLAM.dpuf>

The successful applicant will serve as the coordinating agency for activities designed to build capacity for HAHSTA funded NEX providers and other community providers who serve

substance abusers, foreign born individuals and adults born between 1945 and 1965 at risk for HIV and/or viral hepatitis. As such, the funded provider must have the ability to convene community based, substance abuse treatment, and clinical providers to offer updated information about new hepatitis treatment options, treatment recommendations, and treatment protocols. The provider will be responsible for developing and implementing strategies for using current HIV and hepatitis screening tools to determine the HIV and hepatitis status of program participants and provide linkage services to primary medical care and substance abuse treatment.

The funded agency will employ a client centered approach to improve the potential of positive health outcomes for individual clients. Working to remove barriers to treatment readiness for individuals testing positive for HIV and/or hepatitis is major goal of this service area.

The grantee will work closely with HAHSTA in developing and implementing the strategies for carrying out the specific requirements of the program.

Program Required Elements and Specific Evaluation Criteria for Program Area A2

Target Population: The applicant must describe their ability to access the target population. The applicant must also be able to describe the needs of the target population and how they will address the barriers to disseminating hepatitis and HIV information to the proposed population. This should also include the number of individuals to be targeted/reached.

Hepatitis Prevention and Education: The applicant must describe their extensive understanding of hepatitis vaccinations, infection and treatment as it pertains to injection drug users, foreign born individuals and those born between 1945 and 1965. The applicant must describe their ability to dispense regular updates and information related to overall liver health, overdose prevention, new treatment options, treatment protocols and treatment outcomes. The applicant should have the capacity to convene semi-annual informational workshops for clinical, community based, and substance abuse treatment providers to disseminate up to date information.

Hepatitis B & C Screening: The applicant must describe their capacity to assess risk and directly provide antibody screening for hepatitis C using existing rapid testing technology. The provider must include a clearly outlined strategy for linking hepatitis positive clients to a medical home where their disease can be managed. Linkages to care must be confirmed by documented laboratory results. The applicant must demonstrate the capacity to assess patient's readiness for HIV and hepatitis treatment and offer support as needed to remain on the treatment regimen. Additionally, the funded provider must be able to provide education and provisions for



accessing hepatitis A and B vaccinations.

HIV Counseling and Testing: The applicant must describe their capacity to screen for HIV infection using existing rapid testing technology. The applicant must provide a clear plan for linking HIV positive individuals to care and treatment using the HAHSTA established criteria for successful linkages to care. All linkages must be confirmed by documented lab results.

Stigma Reduction: The applicant must describe how they will address stigma associated with accessing HIV and hepatitis treatment services. The applicant must include a plan that details the steps that will be taken to ensure fear of rejection and/or stigma do not cause a barrier to participants accessing services.

Peer Support: The applicant must describe their capacity to provide support for individuals accessing HIV and hepatitis treatment. The applicant must describe their ability to create a peer support network for person undergoing and/or considering treatment for hepatitis. The funded applicant will serve as the citywide peer support network for all harm reduction, NEX, substance abuse treatment, clinical and community based providers

PROGRAM ACTIVITY DETAILS: AREA B

Special HIV Prevention Initiatives

Area B Program Activities:

- B1: Prevention Services for African American Heterosexual Men and MSM
- B2: Prevention for African-American Women through Faith-Based Approaches
- B3: Pre-Exposure Prophylaxis Support and Outreach
- B4: Latino Navigator Services
- B5: Older Adults and HIV
- B6: Youth Services
 - (a) Peer Education and Support Services
 - (b) Building HIV/STD Capacity among Providers to Young People
 - (c) Social Mobilization

PROGRAM ACTIVITY DETAILS: AREA B

Special HIV Prevention Initiatives

This service area is intended to support critical priorities and innovative strategies that respond to local District needs and are intended to complement and enhance the District's HIV, Sexually Transmitted Disease and Hepatitis prevention. These activities will include: Prevention Services

for African American Heterosexual and MSM Men, Prevention for African American Women through Faith-Based Approaches, Pre-Exposure Prophylaxis Support and Outreach, Latino Navigator Services, Older Adult and HIV, and Youth Services: (a) Peer Education and Support Services, (b) Building HIV/STD Capacity among Providers to Young People and (c) Social Mobilization.

Area B1: Prevention for African American Heterosexual Men and MSM

Approximately \$200,000 available for up to two awards

Description

The purpose of this program area is to support a HIV prevention program to improve the health seeking habits of heterosexual African American men and men who have sex with men (MSM). This program will promote behavior change, HIV testing promotion among individuals that have never been tested, increased condom usage and HIV and STD risk awareness through the use of outreach activities and social mobilization. One provider will be funded to target African American heterosexual men and one provider will be funded to target African American MSM.

HAHSTA expects to fund two providers to implement HIV prevention services for African American heterosexual men or MSM populations. The funded providers will be expected to design programs that include a behavioral intervention, HIV/AIDS and STI education, HIV testing promotion among individuals never tested and/or not tested in the last two years, social mobilization, enhance awareness of STD transmission and HIV reinfection risk behaviors, and increased condom use. Applicants may describe an adaptation of an effective behavioral intervention recommended by the Centers for Disease Control and Prevention (CDC) or a homegrown intervention that has shown effectiveness with the target population. The applicant must describe a program that is culturally appropriate and focuses on the drivers of HIV spread, such as substance use, partner concurrency (having sexual activity with another partner after a current partnership has been established) and repeated STI infection.

According to the Department of Health, HAHSTA *Annual Epidemiology & Surveillance Report* for 2012, men who have sex with men and heterosexual contact are the two leading transmission modes reported among newly diagnosed and identified HIV cases. Based on this data, HAHSTA intends to support programming that targets these populations and supports risk reduction behaviors. Applicants must describe how they will engage heterosexually active men and MSM in culturally appropriate activities that promote HIV screening among those individuals never tested, increase condom usage, and raise awareness about HIV risk through social mobilization. Applicants must also describe the venues that will target to reach the target population. Venues such as basketball courts, sports bars, gyms, nightclubs, colleges and universities may be considered as possible outreach locations.

For decades, HIV has had a devastating impact on African American heterosexual men and MSM. In the United States, heterosexual and MSM are disproportionately affected by HIV Substance abuse, depression, stigma, family and community rejection, and discrimination also disproportionately impact this population as well. In addition to the above psychosocial

challenges, access to preventative/routine health care and treatment, incarceration, racism, and moderate to low income are just a few of the social determinants that these populations are forced to manage. All of the aforementioned challenges have a direct impact on the decision making, sexual and general health outcomes, and quality of life of African American heterosexual men and the MSM population. Additionally, these challenges can make it quite difficult to engage the target population, so applicants must describe how they will use social mobilization as part of their program to develop prevention messages and promote HIV screening among individuals who have never been tested. Applicants must consider their ability to not only reach the target population through direct service, but also how they will engage the community through social media.

For the District to achieve major gains in the fight against HIV and other illnesses that affect African American men and MSM, the District must empower all residents to engage in responses for themselves, their families, and their communities. Thus, the District is committed to reaching residents through the communities in which they live and the health services that they use.

Applicants are encouraged to refer to the 2012 *Annual Epidemiology & Surveillance Report* in preparation of their submission. The data in this updated Epidemiological Profile should be used to help guide program implementation.

<http://doh.dc.gov/node/678522>

Program Required Elements and Specific Evaluation Criteria for Program Area B1

Program Implementation: The applicants must describe their ability to implement the proposed program. The applicants must provide a detailed plan and timeline that designates the specific amount of time needed to begin program activities. Additionally, the providers must include the activities that will best accomplish the goal of increasing the participation of African American heterosexual men or African American MSM in health related activities such as accepting screenings for HIV and other health related conditions. Applicants must describe the venues they will target to reach the proposed population and how that venue will ensure access to both heterosexually active African American men and African American MSM. **The length of time needed to establish programming will be considered when making funding decisions.**

Target Population: The applicants must describe their ability to access either the African American heterosexual men or African American MSM population of the District. The applicants must fully describe why this population was selected and why the applicant is the best candidate to provide high quality and effective HIV prevention services to the population. The applicants must also be able to describe the needs of the target population, how many members of the target population they intend to serve, how they will address the barriers to accessing HIV screenings and disseminating HIV prevention information to the proposed population. This section should also include the number of individuals to be targeted, reached and served.

HIV Testing: The applicants must describe their ability to provide HIV screening and/or provide access to HIV screening. Special attention should be paid to those individuals who have

never been tested and/or not tested in over two years. The applicants must describe the strategies they will apply in order to access the target population. The applicants must describe the type of testing technology they will utilize in their program.

Evidence-Based HIV Interventions: The applicants must describe a program that is culturally appropriate and focuses on the drivers of HIV spread, such as substance use, partner concurrency (having sexual activity with another partner after a current partnership has been established) and repeated STI infection. If adapting an intervention listed in the CDC HIV prevention compendium, please name the intervention that will be adapted, how it will be adapted and its intended impact. If a “homegrown” intervention will be used, include data to support its effectiveness and number of participants engaged in program.

Cultural Competence: The applicants must describe their ability to deliver HIV prevention and risk reduction information in a culturally appropriate and sensitive manner that does not alienate or stigmatize the target population. The applicants must demonstrate their ability to deliver culturally appropriate messages to the African American heterosexual men and MSM populations. The applicants must also describe how they will address stigma associated with accessing HIV prevention services.

Social Marketing: The applicants must describe how they adapt either the CDC’s “Testing Makes Us Stronger” or DC’s “Ask for the Test” to reach their target population. The social marketing component should consist of the tailoring of messages that will be distributed through outreach activities and placed in venues normally accessed by the target population.

Area B2: Prevention for African American Women through Faith-based Approaches

Approximately \$100,000 available for up to one award

Description

The purpose of this program area is to support a faith-based approach to improve the health seeking habits of African American women. This change in attitudes, norms and beliefs will support HIV testing as well as screenings for other health conditions. The funded provider will develop additional innovative activities and services to strengthen the HIV response.

Faith-based organizations fill a unique and meaningful role in our society. It has been estimated that over 80% of the world’s population identifies with some type of religion. Communities of faith have deep historical roots and have profoundly shaped human culture. They possess tremendous legitimacy, credibility and authority for many people. The faith community is among the most important structures at the community level in reaching people on a regular and repeated basis.

When HIV/AIDS originally emerged, many members of the faith community rose to the challenge and offered compassion and care to countless individuals with dignity and grace. Thirty years later, the District of Columbia is experiencing a “modern HIV epidemic”—modern in both its sheer size and complexity, that sees a greater number of persons and diversity of risk

than ever before. In this environment where HIV is so present, individuals may not recognize their own personal risk and may not know where to turn for support and assistance.

According to the *2012 Annual Epidemiology & Surveillance Report*, among District women African-American women accounted for the majority (92.6%) of living cases. The highest rate of HIV among women was among black women was nearly 5 times greater than that of Hispanic women and nearly 25 times greater than white women. For the District to achieve major gains in the fight against HIV and other illnesses that affect African American women, the District must empower all residents to engage in responses for themselves, their families, and their communities. Thus, the District is committed to reaching residents through the communities in which they live and the health services that they use.

Applicants are encouraged to refer to the 2012 Annual Report in preparation of their submission. The data in this updated Epidemiological Profile should be used to help guide program implementation.

Program Required Elements and Specific Evaluation Criteria for Program Area B2

Program Implementation: The applicants must demonstrate their ability to provide available data and assess capacity of the faith based community; determine the depth and scale of African American Women that would benefit from the proposed program; determine what activities are most effective or promising, and what activities would best accomplish the goal of increasing the participation of African American women in health related activities such as accepting screenings for HIV and other health related conditions. The applicants should include the number of women to be targeted, reached and served.

Recruitment and Retention Strategies: The applicants must demonstrate their ability to recruit, educate and support African American women with a focus on prevention of risk taking behaviors as well as promotion health seeking behaviors for services such as screening for HIV and other health conditions.

Partnerships: The applicants must describe their ability to partner with faith institutions to reach African American women who are members of the congregation. The applications must include details on how they will engage the faith institutions to recruit African American females for the intervention.

Evidence-Based HIV Interventions: The applicants must describe a program that is culturally appropriate and focuses on HIV/AIDS education, health screenings, condom use and other health conditions. If adapting an intervention listed in the CDC HIV prevention compendium, please name the intervention that will be adapted, how it will be adapted and its intended impact. If a “homegrown” intervention will be used, include data to support its effectiveness and number of participants to be engaged in the program.

Cultural Competence: The applicants must describe their ability to deliver HIV prevention and risk reduction information in a culturally appropriate and sensitive manner that does not alienate or stigmatize the target population. The applicants must demonstrate their ability to deliver

culturally appropriate messages to the African American women in faith-based settings. The applicants must also describe how they will address stigma associated with accessing HIV prevention services.

POWAB: The applicants are expected to participate in HAHSTA's Places of Worship Advisory Board (POWAB) activities. The purpose of the POWAB is to plan and share best practices on engaging the faith community in the response to the HIV epidemic.

B3: Pre-Exposure Prophylaxis Support and Outreach

**Approximately \$300,000 available for up to two providers*

Description

The purpose of this program is to fund up to two providers for outreach, education and support for Pre-Exposure Prophylaxis (PrEP). The intent of the program is to increase the awareness of PrEP as a potential prevention strategy for persons who are HIV negative, educate possible participants in the requirements of the intervention, inform medical providers on the intervention as an option for their patients, and provide support in the form of risk reduction counseling, medical appointments for relevant health screenings and access to appropriate resources for successful participation in the program. The goal is to increase the number of appropriate PrEP participants in the District of Columbia and avert potential HIV infection. **This funding will not support the purchase of the medication for PrEP.**

PrEP is a scientifically proven intervention that effectively prevents HIV transmission. Several multinational, randomized, double-blind, placebo-controlled, phase III clinical trials of daily oral anti-retroviral medication prevented the acquisition of HIV infection among uninfected but exposed persons. The studies found the use of tenofovir disoproxil fumarate [TDF] and emtricitabine [FTC], known by its marketing name *Truvada*, between 44% and 75% effective in preventing HIV. Among those who followed the study protocol consistently there was a 92% reduction in risk for HIV acquisition. With the provision of risk reduction counseling in the study protocol, participants reported lower numbers of sex partners and higher percentages of condom use than at baseline.

Gilead Sciences applied to the US Food and Drug Administration (FDA) for approval of the medication for preventive use. On July 16, 2012, the FDA issued its approval of Truvada "the first drug approved to reduce the risk of HIV infection in uninfected individuals who are at high risk of HIV infection and who may engage in sexual activity with HIV-infected partners. Truvada, taken daily, is to be used for pre-exposure prophylaxis (PrEP) in combination with safer sex practices to reduce the risk of sexually-acquired HIV infection in adults at high risk."

Having previously issued interim guidance on PrEP in 2011 and 2012, on May 14, 2014, the U.S. Centers for Disease Control and Prevention (CDC) issued full recommendations on implementing PrEP entitled "*Pre-exposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014*." The guidelines provide health care providers with recommendations on the use of PrEP to prevent HIV, and include a supplement with additional materials and tools for clinicians who prescribe PrEP for their patients. Here are links to the guidelines and supplement:

Guidelines - <http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>
Supplement - <http://www.cdc.gov/hiv/pdf/guidelines/PrEPProviderSupplement2014.pdf>

PrEP has tremendous potential to prevent HIV among persons who may be at high risk of HIV exposure. Those persons are sexually active who do not consistently use condoms, are not in a mutually monogamous relationship with a partner, are in a relationship with a person living with HIV who may not be consistently on treatment, have recently injected drugs or is having sex with someone who injects drugs, among others. PrEP is recommended for heterosexuals, men who have sex with men and persons who inject drugs. PrEP is most successful when it includes the counseling of other effective strategies, including using condoms, testing for HIV with partners, reducing the number of partners, and having partners who are HIV positive take antiretroviral therapy.

Program Required Elements and Specific Evaluation Criteria for Program Area B3

Program Implementation: The applicants must include a plan to identify target populations for the intervention, outreach and educational activities for potential participants and providers, and a comprehensive package of support services. The application must also describe the number of persons to be educated, providers to be informed and PrEP participants.

Implementation approaches: The applicants must develop innovative approaches to engage diverse populations in learning more about PrEP. The applicants must also demonstrate effective approaches in informing medical providers on the potential of PrEP for patients. The applicants must also evidence competency and creativity in providing a range of support services, including risk reduction counseling on condom promotion, partner and relationship negotiation, and personal prevention plans. The applicants must develop approaches to address risk of other infections, namely chlamydia, gonorrhea and syphilis, through participation in the program.

Staffing Plan: The applicants must describe how their staff has the knowledge of PrEP guidelines. The successful applicants will demonstrate their experience in working with medical providers, comfort and sensitivity in risk reduction counseling, skills in presentations and education approaches, and helping program participants navigate health systems.

Linkages: The applicants must establish linkages with medical providers to ensure compliance with PrEP guidelines for essential screenings (HIV, hepatitis B, hepatitis C, STDs), treatment of STDs, vaccinations (hepatitis A/B), renal function tests, pregnancy tests and other medical evaluation. The successful applicants will identify effective and innovative relationships with pharmacies on medication management to ensure adherence. The applicants will also establish partnerships with other community-based organizations that have a track record of working with the diverse populations relevant for PrEP, including education of those organizations. Successful applicants will have connections to other resources that could address other barriers to ensuring full participation in PrEP.

Cultural competence: The applicants must describe their ability to deliver the program intervention, HIV prevention and risk reduction information in a culturally appropriate and

sensitive manner that does not alienate or stigmatize the target populations. The applicant must demonstrate their ability to deliver culturally appropriate messages to a diverse range of participants including gay and non-gay identified men, heterosexual men and women, transgender persons, persons with a history of injection drug use, among other populations. The applicant must also describe how they will address stigma associated with accessing the intervention and HIV prevention in general.

Monitoring and Evaluation: The applicant must demonstrate capacity to track participant data (counseling activity, medical visits, screenings, adverse events, and other health indicators) through all stages of program implementation (targeting, enrollment, participation), number of persons informed and educated, providers educated on PrEP guidelines and implementation, and outcomes such as condom utilization, number of sexual partners, and other health indicators.

B4: Latino Navigator Services

Approximately \$200,000 available for up to one award

Description

The purpose of this program area is to augment, but not replace, existing linkages to services or case management, and ensure that clients with HIV are intensively supported and thereby successful in their initial entry or re-entry into HIV services and especially HIV primary care. It is intended to reduce the time between testing positive and accessing primary HIV care and case management, to increase the number of persons previously diagnosed and out-of-care who establish a medical home, and to reduce the mother-to-child transmission of HIV.



HAHSTA estimates that, in 2012, 85.7% of all newly diagnosed patients were linked to clinical care within 3 months of diagnosis. The proportion of cases entering care has steadily increased since 2008, when only 57.3% of cases entered care within 3 months of their initial diagnosis. In DC, a system of HIV services is available, but not always immediately easy to access or to understand. Language and cultural factors can present additional barriers to learning the system and effectively connecting to care.

In an age where HIV is a disease that can be managed and controlled with anti-retroviral therapy, the role of support, structure, and hope is essential for patients to develop excellence in medication adherence. Health reform is moving towards establishment of patient centered medical homes for better care of chronic disease. Providers are encouraged to develop a multidisciplinary team that demonstrates a model of HIV care which includes support services that assist patients with significantly better care and improved health outcomes.

This program activity will support individuals with language barriers and/or other challenges that may make linkages to care more difficult to navigate. The funded provider will be asked to share

best practices for expansion of navigator services across other providers and to expand the model over time to include navigation to prevention-for positive programs and partner services.

Program Required Elements and Specific Evaluation Criteria for Program Area B4

Program Implementation: The applicants must include a detailed plan to identify partners, sites and locations to promote referrals from medical providers who may require assistance with linking newly positive individuals to critical HIV services in the District. The applications must also describe projected target number of HIV positive clients to be served during grant year.

Linkages: The applicants must establish relationships with the providers to coordinate the HIV positive patient's entry to care at the HIV service that best fits the patient's needs. These services are not intended to funnel patients into a specific medical facility. In addition to established HIV counseling and testing sites, the successful applicant will identify innovative strategies to become a connection point for clients from a variety of settings including emergency rooms, family planning centers, health networks, community health clinics and other community based organizations. The applicants must also create or maintain partnerships that minimize cost, maximize coordination and avoid unnecessary duplication of services. All services must be culturally appropriate and linguistically competent.

Staffing Plan: The applicants must describe how their extensive knowledge of and comfort with dealing with the health system, public benefits systems, and local care networks. The successful applicant will have the ability to assist the patient with managing the health care system.

Implementation approach: The applicants must describe the use of creative strategies that ensure that the potential client is not lost to care following diagnosis with HIV. The implementation plan should address any barriers to enrolling in care (i.e., language, financial, and/or physical), and assistance with HIV disclosure to family and loved ones. The applicants' staff must have the ability to travel to different locations across the District, as well as to access transport options for clients, should be addressed.

Targeted additional services: The applicants must demonstrate their ability to navigate patients to prevention-with-positive programs to assess their specific needs for ongoing risk reduction; assessment for and assistance accessing partner services.

Patient Follow-Up: The applicants must include a performance monitoring and evaluation plan that navigated clients establish HIV care and remain in care 3, 6 months and 12 months after initial linkage. The plan should also include the targets for number of clients served and projected navigation success rate should be included. Rates of viral suppression based on the provision of navigation will be used as an indicator of impact evaluation.

Program Expansion Plan: In the event that the navigator services program is fully successful and additional needs and resources are identified, applicants should comment on capacity and strategy to expand the volume and scale of services (for example, staffing expansion capacity and timeline, management capacity to oversee expanded program).

B5: Older Adults and HIV Program

Approximately \$150,000 available for up to 1 award

Description

The purpose of this Program Activity for Older Adults and HIV is to fund one provider to implement a new program to outreach and educate, offer testing where appropriate and train and support community providers on the older adult specific program model. The provider will also recruit and train peer educators to lead and/or participate in the program activities. The provider will identify and form partnerships with older adult service organizations, faith-based organizations and DC Government agencies with direct services to older adults, such as the Department of Parks and Recreation and DC Housing Authority.

There are many myths, misconceptions and misunderstandings about older adults. One is that older adults do not have sex. The National Survey of Sexual Health and Behavior conducted Indiana University found that a significant proportion of older adults are engaging in sexual activity:

Sexual Activity	50-59		60-69		70+	
	Men	Women	Men	Women	Men	Women
Vaginal intercourse	58%	51%	54%	42%	43%	22%
Anal sex (receptive)	5%	6%	1%	4%	2%	1%
Anal sex (insertive)	11%	--	6%	--	2%	11%

Another myth is that older adults do not have to use condoms as they are no longer concerned with contraception. The National Survey of Sexual Health and Behavior found that of men and women over 61 years old, only 5% of men and 7% of women used condoms. The last is that HIV is a disease that only impacts young people. That is not the case in the District of Columbia. The highest burden of HIV continues to be among the 40 to 49 (6.4%) and the 50-59 (6.4%) year old. The myth that only young people get HIV – and its converse that older people are immune or have passed by HIV – has serious consequences for the health of older adults. When HIV is not found early, it can get worse and untreated can progress to AIDS. When a person is diagnosed with AIDS within 12 months – often at the same time – of their HIV diagnosis, it is called “late testing”. In DC, older adults are more likely to have “late testing” than any other age group. About three-quarters of all older adults are late testers.

In 2010, HAHSTA formed the Older Adults and HIV Work Group of older adults, senior service providers, HIV service providers, older adult experts and DC government agencies to develop a new initiative to address the growing impact of HIV among older adults. This is a joint effort

facilitated by HAHSTA and the DC Office of the Aging. The Work Group defined a comprehensive approach of education and outreach, prevention, testing, system navigation, medical care and support, collaboration among service providers, education and training of older adult service network providers, and capacity building among service providers. The Work Group focused on several components that comprise this program model for older adults and HIV: prevention, education, testing, linkage to care, training and capacity building of older adult and HIV service providers.

The Work Group reviewed the few available model programs on HIV related to older adults. For instance, the Centers for Disease Control and Prevention does not have an evidence-based intervention developed specifically for older adults. The AIDS Community Research Initiative of America (ACRIA) has developed program materials on HIV and older adults. In DC, several community partners have conducted education and testing activities for older adults. The ACRIA model and the DC experiences served as the basis for the Work Group to develop a DC specific program model, which is outlined here. The approach is a conversation with older adults starting with general relationship topics – dating, intimacy – proceeding through sexual activity and risk factors to promotion of testing and safe sex behavior. The program model has a prototype training curriculum, manual for community partners to implement the intervention and materials for older adults. The program model is complemented by a HAHSTA developed social marketing messages and materials focusing on older adults.

In developing the program activity, applicants are encouraged to refer to the 2012 EPI Update report and the older adults and HIV program model developed by the HAHSTA Older Adults and HIV Work Group.

Program Required Elements and Specific Evaluation Criteria for Program Area B5

Target Population: The applicant must include a full description of the target population, the cultural competency required to serve them, the needs of the population, and best practices for engagement. This section should also include the number of individuals to be targeted and served.

Engagement Strategies: The applicant must demonstrate their capacity to conduct relationship, sexual health and behavior change approaches in older adult settings based on the program model developed by the HAHSTA Older Adults and HIV Work Group. The applicant should also discuss how they will engage the population and after care, as appropriate.

HIV Counseling and Testing: The applicant must describe their capacity to provide and/or offer linkages to HIV testing and access to condoms, as appropriate to the older adult setting.

Data Analysis: The applicant must address their capacity to assess and analyze the District older adult provider community, as well as recruit and retain relationships with partner organizations.

Capacity Building: The applicant must demonstrate their ability to provide capacity building, such as training and technical assistance, to older adult service providers, including the DC Office on the Aging network, faith-based organizations, DC Department of Parks and Recreation facilities, DC Housing Authority senior programs and other older adult settings to conduct ongoing education among older adults about sexual health and HIV risk.

Recruitment Strategies: The applicant must describe their ability to recruit and train peer educators as a core component of the program. Additionally, the applicant should also discuss how the peer educators will be utilized, the number of peer educators per Ward and if stipends are being offered, how much will they be paid and frequency.

Pre and Post Testing: Through the use of pre- and post-test training session tests, the applicant should be able to track measurable outcomes on knowledge gain by service providers and knowledge gain by older adults participating in education sessions.

B6: Youth Services

B6 (a): Youth Services: Peer Education and Support Services

**Approximately \$225,000 available for up to 3 awards*

Description

The purpose of this program area is to fund up to three providers to recruit and train youth peer educators and partner with youth-serving organizations to integrate peer education into their programs and support peers in those settings. One provider will be selected to serve as a program administrator. This Peer Education Partnership Administrator will be responsible for the outreach to community based organizations with older peer educators to provide training and financial opportunities (mini-grants) to expand the skills of the Peer Educators through the School-based STD Screening Program partnership.



Numerous studies have found that trained peer educators are a credible source of information for some young people. Peer Educators, sponsored and trained through community based organizations have been a key component to HAHSTA's prevention programming for young people. These well trained young people have been an essential component to reach large numbers of youth through outreach and educational programs. HAHSTA would like offer to older and out of school peer educators between the ages of 18-24 the opportunity to receive training and stipends to serve as partner-members of the HAHSTA SBSP team. The SBSP provides in school urine-based screening for Chlamydia and gonorrhea to student in DC public high schools and public charter schools. This program was developed out of a need to reach the population with the highest risk and most barriers for testing the opportunity to received STD education, screening and treatment at a location convenient to them. The school-based screening program was piloted in SY2007 and in SY2013 22 high schools participated. Screening was offered to all 9th-12th grade students at all schools and partners. On-site treatment was provided within 10 days of the screening date. In SY 2012-2013 6% of all youth screened in the school-based screening program tested positive for Chlamydia, gonorrhea or both.

In SY2014, HAHSTA will be expanding the SBSP to include more DC public charter schools and include repeat screening within three months at select schools. The program expansion provides the opportunity to deepen our already strong partnerships with community based

organizations by providing the opportunity to have older peer educators serve as SBSP partner-team members. These partner-team members will provide assistance with screening and treatment day activities including group presentations, screening preparation, specimen preparation and data entry, informal one on one education and logistical support. Numerous studies have found that trained peer educators are a credible source of information for some young people.

Through their communication and serving as positive role models, peer counselors produce greater attitude changes in adolescents' perception of personal risk of HIV and STD infection compared to adult-led sessions. Youth counseled by peers were more likely to engage in interactive discussion and take actions to reduce transmission. For example, studies show that adolescents who believe their peers are using condoms are also more than twice as likely to use condoms compared to adolescents who do not believe their peers use condoms. Further, peer educators themselves are proven to achieve greater sexual health knowledge, hold more positive attitudes, and report fewer risk behaviors.

District young people have rates of early sexual initiation at twice the national average with 13.3% reporting sexual intercourse before the age of 13 years old compared to 5.9%. The rate of sexual activity continues to increase through early to late adolescence. The following is a comparison of national to District rates on several key indicators for young people ages 15 to 19 years old:

Indicator	U.S. average	District
Ever had sexual intercourse	46.0%	54.9%
Currently sexual active (at least 1 partner within 3 months)	34.2%	42.3%
Sex with more than 4 partners	13.8%	23.9%

Though many District young people report using a condom in their last sexual activity at 75.1%, which is higher than the national average of 61.1%, the high rates of STDs indicate that condom use is not consistent. Among all age groups, adolescents report the highest use of condoms. However, as indicated in the recent National Survey of Sexual Health and Behavior, condom use declines significantly in later adolescent years. For young men, the rate of condom use drops nearly in half from 79% to 45% between the age groups 14 to 17 years old and 18 to 24 years old.

Youth are also starting sexual activity at earlier ages. The DC YRBS survey of middle school students found sexual activity among 11 to 14 year olds. Overall, 19.6% of students reported having had sexual intercourse with 7.9% starting earlier than age 11 years old. The number of students with three or more partners was 9.1%.

Though the prevalence rate of HIV among young persons is at less than 1%, the rates of chlamydia and gonorrhea are severe. In 2011, 38.9% of reported chlamydia cases were among youth between the ages of 15-19 years old and 32.1% of reported gonorrhea was among the same

age category. Half of all DC chlamydia and gonorrhea cases are among adolescents. Through HAHSTA's school-based and community-based STD screening program, an average of 10% infection rates are found at any location where screening is conducted.

HAHSTA has promoted peer education as an essential component of prevention programs focused on young people. HAHSTA developed the Wrap MC condom education program, which includes youth peer educators. With approximately 55,000 young people ages 10 to 19 years old in the District (Census 2010), HAHSTA intends to commit resources to a city-wide peer education program to reach young people on a large-scale. HAHSTA estimates that the program would scale up from a projected 1,000 peer educators to 3,000 in year two.

In developing the program activity, applicants are encouraged to refer to the 2011 EPI Update report, the 2013 Youth Risk Behavior Survey, the Youth and HIV/STD Prevention.

Program Required Elements and Specific Evaluation Criteria for Program Area B6 (a)

Program Implementation: The applicant must describe how the program will consist of training on basic sexual health, STDs/HIV, behavior change, motivational tools, stress management, group dynamics, role modeling and other relevant skills. This section should also demonstrate an understanding of youth serving organizations in the District.

Program Components: The applicant must discuss how the funded program will include tracks on substance use, mental health and general health literacy and knowledge.

Programmatic and Administrative Capacity: If applying as the Peer Education Partnership Administrator, the provider must demonstrate their programmatic and administrative capacity to develop a mechanism to deliver mini-grants to community based organizations, develop the mini grant application and approval criteria, develop a reviewing mechanism, administer funds to community based organizations, develop a protocol for the dissemination of funds, recruit mini grant reviewers, monitor the activities of the mini-grant recipients, and develop communications for wide distribution to youth serving CBO's with existing peer education programs.

Cultural Sensitivity: The applicant must be youth focused, able to engage the community, be culturally competent, relatable to the experiences of young people in the District of Columbia and be structured for learning and outcomes. The applicant must address barriers to accessing services and have the capacity to address stigma.

Monitoring and Evaluation: The applicant must demonstrate capacity to track measurable outcomes on peer educator knowledge gain (pre- and post-training session tests), knowledge gain by peers counseled by peer educators and tracking of population-based studies on core indicators of sexual debut, sexual activity, number of partners and condom use.

Collaboration: The applicant must have the ability to collaborate with HAHSTA on expanding the Wrap MC program for young persons and development of best practices. The provider will identify and form partnerships with other youth-serving organizations, public and public charter schools, and other youth-serving government agencies to integrate peer education into their

programs and support peers in those settings. Additionally the provider will coordinate with youth-serving organizations with current peer education components.

B6 (b): Youth Services: Building HIV/STD Capacity among Providers to Young People

Approximately \$150,000 available for up to one award

Description

The purpose of this program area is to fund one provider to build capacity for HIV/STD prevention interventions and other sexual health behavior change approaches to mainstream HIV/STDs among non-sexual health youth serving agencies. The goal of this program will be to have HIV/STD, sexual health education, prevention and support services through the majority of entities and individuals engaging District adolescents and young adults.

Over the past six years of supporting capacity building assistance, the program has also engaged with HIV/STD related organizations with young people as a primary population focus or included in their populations of focus. For both organizations and professionals with a non-HIV/STD or a primary HIV/STD focus, the premise of the program has served organizations and professionals with connections to young people to assist them in educating and supporting healthy sexual behavior choices by youth to reduce transmission of HIV and STDs and obtain HIV and STD services. With an average 9% to 14% infection rates of active chlamydia and gonorrhea among adolescents diagnosed through its school-based and community-based screening initiative, HAHSTA continues to integrate STD knowledge, access to testing and treatment and prevention of repeat infections as part of its youth program activities, including capacity building. These agencies and individuals could be very effective with hard-to-reach young people, who are either unable or unwilling to access stand-alone HIV/STD service programs. Characteristics of these young people may include:

- Routinely accessing non-HIV/STD youth services
- Uninterested in accessing explicit HIV/STD services
- Unaware of their HIV/STD status
- Living in high prevalence wards
- Unaware of their personal risk for HIV/STD infection
- Unaware of and unfamiliar with how to navigate HIV/STD social service systems
- Already diagnosed as HIV/STD positive but not in care, treatment or support services

As the capacity building provider, the funded entity should have available a toolkit of activities that other youth serving agencies can access to offer their clients. One such resource is the CDC-developed Parents Matter! Program (PMP). PMP is a community-based family intervention designed to promote positive parenting and effective parent-child communication about sexuality and sexual risk reduction. The goal of the program is to reduce sexual risk behavior among adolescents. PMP offers parents instruction and guidance in general parenting skills related to decreased sexual risk behavior among youth (e.g., relationship building, monitoring) and sexual communication skills necessary for parents to effectively convey their values and expectations

about sexual behavior—as well as critical HIV, STD, and pregnancy prevention messages—to their children. It was originally developed as a skills-building intervention for parents of pre-sexual children, ages 9-12 years old, to establish early patterns of effective communications to last a lifetime. With proper training and planning, general youth programs and professionals serving youth could seamlessly incorporate HIV/STD prevention intervention elements into their program offerings as part of routine service delivery. The mainstreaming of sexual health behavior prevention will contribute to the reduction of stigma associated with the diseases and persons at-risk for the disease – a significant barrier to healthy choices. An effective component of mainstreaming will be the recruitment and training of peer educators, especially in reach hard-to-reach young people.

With the new developments in the health care and public health system approaching, primarily attributable to the Affordable Care Act, the capacity building assistance program has the opportunity to provide additional support to organizations. These areas include, but are not limited to:

- Strategic planning on prevention activities in the context of new public health systems and approaches
- Partnerships among organizations to provide support for young people on prevention and care and support services for youth with HIV and/or STDs
- Program approaches that support young people living with HIV in transition from pediatric to adult care settings

In developing the program activity, applicants are encouraged to refer to the 2012 EPI Update report, the 2013 Youth Risk Behavior Survey, the Youth and HIV/STD Prevention Plan. Also, please note that services now available in the District include: expanded urine-based testing for STDs; youth and HIV social marketing campaign with internet texting service.

Program Required Elements and Specific Evaluation Criteria for Program Area B6 (b)

Program Implementation: The applicants must demonstrate the capacity to assess and analyze the District youth provider community, recruit and retain partner organizations. Additionally, the applicant must be able to identify and form partnerships with youth serving organizations, assess the capacities and barriers of agencies and professionals, and discern the most appropriate HIV/STD prevention components. The applicant must also demonstrate their capacity to deliver trainings on various behavioral interventions, such as Parents Matter! and/or other effective behavioral interventions.

Cultural Sensitivity: The applicants must describe their ability to be culturally sensitive and diverse with youth populations, especially program approaches for stigma reduction and peer educator recruitment and training.

Outreach Strategies: The applicants must describe how they will engage and identify youth serving organizations not currently offering HIV and STI education. The narrative must include the strategies they will employ to ensure that they are reaching the correct organizations.

Capacity Building: The applicants must develop and implement a capacity-building approach that includes: training tools for providers and professionals, follow-up technical assistance, identifies key facilitators and barriers for uptake, recognizes potential issues.

B6 (c): Youth Services: Social Mobilization

Approximately \$150,000 available for up to one award

Description

The purpose of program area is to support a youth social mobilization program that reduces transmission among HIV and STD's, increase testing, condom use and access to services. The program complements the HAHSTA social marketing program to address peer norms that influence youth sexual activity. The goals of the program are to: reduce the burden of diseases among District adolescents, reduce the number of partners among sexually active youth, increase condom use and defer sexual debut.



Peer norms have a tremendous influence on young people and their decision making.

HAHSTA and community partners developed a framework for a new approach to address the high rates of STDs among adolescents and the risk factors that can lead to unwanted pregnancy and HIV infection as they grow older. HAHSTA sponsored focus groups that engaged District young people on perceptions of themselves and the pressures they experience related to sex.

The results were significant. The young people described themselves as standing out from the crowd, different, outspoken and independent – and prided themselves on this individuality. However, in relation to sex, they feel tremendous pressure to conform to the perceptions of their peers. Young men have been indoctrinated to believe that they must be sexually active as teens; this is reinforced by older brothers and the media. As a result, they are expected to be in pursuit of sexual intercourse. Their desire to wait or their lack of interest in sex is not an acceptable option for them. The expectation from their peer group and older siblings and friends was that they would be sexually active with any willing partner. As a result, the young women are under constant pressure online, through media and in-person to acquiesce. However, once the young women became sexually active (or are perceived to be), they run the risk of being labeled “bad”, that did not seem to share the values of independence and non-conformity prided upon by other teens. Some young people recognize the double standard.

District young people are under an enormous amount of pressure to be sexually active. The good news is that images of condoms (suggesting safe sex) are considered “cool”. Young people in the District value independence, non-conformity and being outspoken. Consistent with this, is the notion that peer pressure is considered “uncool”. However, this does not appear to translate into sexual behavior.

HAHSTA has utilized this data to develop a new social marketing program entitled “Show Off”. The program recognizes the value that young people place on independence, non-conformity and not giving into peer pressure and promotes their uniqueness, individuality and their talents. The program is in the second year of implementation. The next phases will emphasize individuality while belonging to groups and subsequently will incorporate direct messages that promote testing as normative behavior, increasing condom use, reducing multiple or concurrent partners and shifting the age of sexual debut.

HAHSTA is dividing the comprehensive program into two essential components: social marketing and social mobilization. HAHSTA will maintain responsibility for the social marketing component. HAHSTA will fund a community provider for the social mobilization component, which supports a range of activities complementing the peer norm framework. This includes community-based programming that addresses peer pressure and promotes individuality and resistance to peer norms. The program may utilize or adapt evidence-based interventions as the basis for the programming. The activities also should include promotion of STD and HIV screening, condom use, relationship negotiation skills, and other healthy related behaviors.

In developing the program activity, applicants are encouraged to refer to the 2012 EPI Update report, the 2013 Youth Risk Behavior Survey, and the Youth and HIV/STD Prevention Plan.

Program Required Elements and Specific Evaluation Criteria for Program Area B6 (c)

Program Implementation: The applicant must develop a social mobilization plan that clearly defines number and types of partners to be reached, strategies for engaging youth serving organizations and young people, stigma reduction approaches, healthy relationships and promotion of positive peer norms.

Partnerships: The applicant must describe their ability to develop partnerships with other youth serving organizations and young people on program design and implementation, form partnerships across diverse community sectors (health organizations, non-health youth-serving organizations, businesses and other civic leaders), recruiting and develop young people as program champions, and conduct program activities that mobilizes support and adoption of program goals and objectives.

Work Plan: Developing a plan and approach for community mobilization and social networking activities to build support for the key goals and objectives of the overall social marketing/mobilization program.

Collaboration: Coordination with HAHSTA social marketing program activities: social media, text messaging, web site and other Internet-based audio and video channels, audio and video projects, traditional and Internet advertising, informational outreach materials, and other media platforms

APPLICATION ELEMENTS***

***Only one application per organization will be accepted, however an organization may apply for more than one program area within the application. **Multiple applications submitted by one**

organization will be deemed ineligible and not forwarded to the external review panel.

- I. HAHSTA Assurance Packet**
- II. Executive Summary (Required Template)**
- III. Background, Need, and Impact Description (up to 7 pages)**
- IV. Organizational Capacity Description (up to 10 pages)**
- V. Partnership, Linkages and Referrals Description (up to 5 pages)**
- VI. Program Activity Plan (one for each activity—up to 15 pages for each activity)**
 - i. Program Activity Narrative, including evaluation plan
 - ii. Work Plan (Required Template)
 - iii. Budget (Required Template)

VII. Attachments

APPLICATION SUBMISSION PROCEDURES

1. Pre-application Conference

A Pre-Application Conference will be held on July 16, 2014 from 10:00 a.m. to 12:00 p.m. The meeting will provide an overview of HAHSTA's RFA requirements and address specific questions about the RFA.

The conference will be held in the 4th Floor Conference Room at the HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) 899 North Capitol Street, NE, 4th Floor.

2. Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health, and Office of Partnerships and Grants Services with the information listed below, by contacting Stacey.Cooper@dc.gov. Please be sure to put "**RFA Contact Information**" in the subject box.

Name of Organization
Key Contact
Mailing Address
Telephone and Fax Number
E-mail Address

This information shall be used to provide updates and/or addenda to the RFA # HAHSTA_PSP071114 Prevention Special Programs and Needle Exchange Program.

3. Letter of Intent (LOI)

FY2015 HIV Prevention Special Programs and Needle Exchange

A LOI is not required, but is highly recommended. This information will assist HAHSTA in planning for the review process. Please fax only one LOI per application to HAHSTA, using the template in Attachment A, no later than 4:45 p.m. on July 16, 2014. The letter of intent should be faxed to Stacey L. Cooper at (202) 671-4860.

4. *Assurances*

We recommend that the assurance packet (Attachment F) be submitted to April Richardson by July 30, 2014 12:00 p.m. for a courtesy review and that applicants CONFIRM the assurance packet is complete PRIOR TO the application submission deadline date of this RFA.

Applications with incomplete assurance packets after the application submission deadline date of the RFA will not be reviewed. April Richardson may be reached at (202) 671-4828 and April.Richardson@dc.gov.

5. Prepare application according to the following format:

- a. Font size: 12-point unrounded
 - b. Spacing: Double-spaced
 - c. Paper size: 8.5 by 11 inches
 - d. Page margin size: 1 inch
 - e. Numbering: Sequentially from page 1 (Application Profile, Attachment B) to the end of the application, including all charts, figures, tables, and appendices.
 - f. Printing: Only on one side of page
 - g. Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way
6. Submit one original and five hardcopies of your application to HAHSTA by 4:45 p.m. on August 11, 2014. Applications delivered after that deadline will not be reviewed or considered for funding. Only one application per organization will be accepted. **Multiple applications submitted by one organization will be deemed ineligible and not forwarded to the external review panel.**

Applications must be delivered to:

District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD and TB Administration
4thFloor Conference Room
899 North Capitol Street, NE
Washington DC 20002

The application must have the following components:

- I. Executive Summary
- II. Applicant Profile
- III. Background, Need and Impact Description
- IV. Organizational Capacity Description
- V. Partnership, Linkages and Referral Description
- VI. Program Activity Plan (one for each activity)
 - a. Program Activity Narrative, including evaluation plan
 - b. Work Plan (Required Template)
- VII. Budget (Required Template) Attachments

One original and five hardcopies must each be submitted in separate envelopes. The original must have attached a copy of the Application Receipt (Attachment C) affixed to the front of the envelope.

APPLICATION EVALUATION CRITERIA

***Only one application per organization will be accepted. **Multiple applications submitted by one organization will be deemed ineligible and not forwarded to the external review panel.**

HAHSTA Assurance Packet

Required, not scored. [1 packet in good standing required from each organization]

Executive Summary (Required Template)

Required, not scored
Template includes Summary Budget

Background, Need, and Impact Description

10 points

The extent to which the applicant:

- a. Demonstrates a clear understanding of the needs, gaps, and issues affecting the selected population(s) and documents a clear need for the proposed program activities;
- b. Includes data and other supporting evidence to justify the proposed approach and target audience(s) and presents sources of such data;
- c. Demonstrates the potential for significant impact and success in achieving the selected goal for the selected priority population;

- d. Describes how the proposed activities enhance or complement existing or planned activities of the applicant's organization.
- e. Demonstrates that services will only be used for District residents in District venues.

Organizational Capacity Description

15 points

- a. Demonstrated experience in serving the target population(s). (Please explain how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community).
- b. Evidence of staff and organizational expertise and performance in activities and services related to those proposed in this application. (Please present any relevant performance results from prior or related activities).
- c. Structure, management and staffing, and administrative/fiscal management supports: Describe how you will ensure that staff members reflect the target population and have a history of experience working with the proposed target population or can demonstrate proven effectiveness in working with the target population or on the proposed interventions. (Please describe, as a group, the characteristics of your key program staff in terms of experience working with the target population, gender, race/ethnicity, HIV serostatus, area of risk expertise, or other relevant factors). Describe past management of governmental grant funds, and/or current administrative structure in place to support effective management.
- d. Overall monitoring & evaluation system and expertise— please describe: current system of data collection and methods for reporting HIV prevention activities including data system specifications and data management information systems; capacity to collect and report client-level data for HIV prevention services and the effect of those services on client HIV risks and health service utilization; any barriers and facilitators to the collection of client level demographic and behavioral characteristics; plans to ensure data quality and security; any technical assistance needs to meet evaluation and monitoring requirements.
- e. Services Checklist—describe the core services your agency directly provides and the core services for which direct linkages to other service providers currently exist. This checklist will be kept on file as part of cataloguing available services and service providers in DC.
- f. Effi Barry Program Participation (+2 points): Effi Barry Program (Linkages and Strategic Planning) participants who have: attended 80% or more of required trainings/workshops; completed the signing of NOGAs for current year grant funds; completed the assigned program improvement plan. Please briefly describe how the Effi Barry Program has impacted your ability to provide HIV services.

- g. Note: Organizations should only apply for the program services areas they can effectively support and implement during the upcoming year. That is, if an organization applies for multiple program activities, the organizational capacity evaluation will be based on the ability to realistically implement all of the proposed plans, in keeping with the resource and scale-up approaches of the application. However, only one application per organization with multiple program areas will be accepted. The submission of more than one application per organization will be deemed ineligible and will not be reviewed.

Partnership, Linkages, and Referrals Description

25 points

Organizations that are most successful are often those that have well-defined missions and implement programs within their comparative advantage, extending or changing their mission strategically and consciously over time.

We do, however, encourage organizations to be aware of critical partnerships that are available and can provide complementary services to clients. Inclusion of Memorandums of Agreement (MOA) and/or Memorandums of Understanding (MOU) will not suffice as proof of partnerships. In this section, we are NOT looking for general information on referrals to each and every service that might be available. Instead, we ARE looking for you to identify the complementary services that are most often most critical to the clients you serve, and to describe the direct linkages you have established or plan to establish with a handful of close providers to serve your clients' needs.

Specifically, describe your plans for a linkage network to ensure that clients identified through your program have access to comprehensive services, including additional prevention services as well as primary care and essential support services (substance abuse treatment, mental health services, housing, etc.) that will maintain HIV-positive individuals in systems of care and potentially provide relevant services to most-at-risk HIV-negative individuals.

- Provide copies of sub-contracts and agreements with providers and other agencies where your clients may be linked. Organizations should develop sub-contracts with core collaborating agencies that will support prevention activities.
- Explain how you will track linkages and their outcomes, as well as how you will collect and report data on referrals.

Specific areas of comment should include:

- How will you promote and enhance access to medical homes?
- How will you ensure linkages of high risk negatives to prevention services?

Program Activity Plan*

50 points

Overall, the program activity plan will be scored on the feasibility of being fully and successfully

implemented and having prevention impact on the target population(s). Targeted population(s) must be clearly identified for each activity. Approach includes overcoming barriers to reaching participants effectively over time, and including a reasonable plan to assess performance and effect. Proven capacity to deliver same or related services strengthens the feasibility of successful performance. ***Plan should explicitly include organizational and/or client level targets.***

Each Program Activities Details section highlights specific required elements that should be included in your plan and specific evaluation criteria that will be applied in scoring. All standard elements will be reviewed as part of evaluation criteria. This summary provides a thorough description to routine best practices and required elements for strong programs, on which the technical evaluation of your application will be based. It also highlights details to evaluating descriptions of these programs.

- a. Program Activity Narrative, including Evaluation Plan (10 points for performance and evaluation plan component)
- b. Work Plan (Required Template Attachment D)
- c. Budget(Required Template Attachment E)—not scored

Supplemental Description:

The following questions translate some of the key program elements and approaches to how they may be evaluated in your application and should be used to assist your preparation of the program plan.

Special HIV Prevention Initiatives

- ☐ What is/are your recruitment strategy/strategies? How did you involve the target population in selecting the recruitment strategy/strategies and determining the use of incentives for your program? List and describe how incentives will be used throughout your program.
- ☐ How will you ensure that quality services are provided to your target population?
- ☐ How will you ensure services are culturally sensitive and relevant?
- ☐ How will you ensure client confidentiality?
- ☐ How will you collect and report process and monitoring data for this program model?
- ☐ How will you provide outreach and increase awareness about your services?
- ☐ How will you ensure that your service delivery location is located in an area that is safe and easily accessible for the target population?
- ☐ What qualifications will you require of staff providing HIV prevention services?
- ☐ How will you train, support, and retain staff to provide these program models?
- ☐ How will you ensure that linkages to care occur for people living with HIV/AIDS, Hepatitis and high-risk negatives? (e.g. Please describe the organizations/agencies you have relations with for complementary services?)

Needle Exchange

- ☐ What are your quality assurance strategies?
- ☐ How will you ensure services are culturally sensitive and relevant?
- ☐ How will you ensure client confidentiality?
- ☐ How will you collect and report process and monitoring data for this program model?
- ☐ What is/are your recruitment strategy/strategies? How did you involve the target population in selecting the recruitment strategy/strategies and determining the use of incentives for your program? List and describe how incentives will be used throughout your program.
- ☐ How will your program activities address barriers to HIV prevention and issues of stigma and discrimination based on infection status, race, sexual orientation, or gender identity?
- ☐ What qualifications will you require of staff providing HIV prevention services?
- ☐ How will you address the target populations documented risk for both hepatitis B & C?
- ☐ Please describe your plans for enhancing overdose prevention education among the target population?
- ☐ How will you train, support, and retain staff to provide these program models

Review Process and Funding Decisions

Applications will be reviewed by HAHSTA staff and a panel of external reviewers. The applications will be reviewed and scored based on the criteria below. Review the criteria. It will provide guidance on what constitutes a successful application.

Technical Review Panel

The technical review panel will be composed of HAHSTA staff members who will examine each application for technical accuracy and program eligibility prior to the applications evaluation by external reviewers.

External Review Panel

The external review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation. The review panel will review, score and rank each application, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. DOH/HAHSTA shall make the final funding determinations. Applicants' submissions will be objectively reviewed against the following specific scoring criteria listed below.

In addition to your application's comprehensive objective review, the following factors may affect the funding decision:

Preference for funding will be given to ensure that the overall portfolio of funded activity best meets the overall programming needs of the District. Specifically:

FY2015 HIV Prevention Special Programs and Needle Exchange

- Considerations will be given to both high and lower prevalence areas: the number of funded organizations may be adjusted based on the burden of infections in the jurisdiction as measured by HIV or AIDS reporting.
- Funded applicants are balanced in terms of targeted racial/ethnic minority groups. (The number of funded applicants serving each racial/ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- Funded applicants are balanced in terms of geographic distribution. (The number of funded applicants may be adjusted based on the burden of infection in the jurisdiction as measured by HIV or AIDS reporting.)
- Funded organizations have substantial experience serving the proposed target population.
- Only one application per organization will be accepted. If applying for more than one program area, the applicant must submit a program activity plan, work plan and budget for each area. **Multiple applications submitted by one organization will be deemed ineligible and not forwarded to the external review panel.**
- **All services are for District residents in District venues ONLY.**

Grants will be awarded through the use of District of Columbia Appropriated Funds as authorized by pending legislation for the FY 15 local budget.

POSTAWARD ACTIVITIES`

Successful applicants will receive a letter confirming their award. It will also outline the next steps as a sub grantee with the Department of Health.

Grantees must submit monthly data reports and quarterly progress and outcome reports using the tools provided by DOH/HAHSTA and following the procedures determined by DOH/HAHSTA. If you are funded, reporting forms will be provided during your grant-signing meeting with HAHSTA.

Continuation of funding for Years 2 and 3 are dependent upon the availability of funds for the stated purposes, fiscal and program performance under the Year 1 grant agreement, and willingness to incorporate new District-level directives, policies, or technical advancements that arise from the community planning process, evolution of best practices, or other locally relevant evidence.

BUDGET DEVELOPMENT AND DESCRIPTION

You will need to provide a detailed line-item budget and budget justification that includes the type and number of staff you will need to successfully put into place your proposed activities. You must follow the model of the sample budget included Attachment E.

HAHSTA may not approve or fund all proposed activities. Give as much detail as possible to support each budget item. List each cost separately when possible.

Provide a description for each job, including job title, function, general duties, and activities related to this grant: the rate of pay and whether it is hourly or salary; and the level of effort and how much time will be spent on the activities (give this in a percentage, e.g., 50% of time spent on evaluation).

The applicant should list each cost separately when possible, give as much detail as possible to support each budget item, and demonstrate how the operating costs will support the activities and objectives it proposes.

The applicant shall use a portion of their proposed budget for evaluation activities.

Indirect Costs

If your organization has a Federally Negotiated Indirect Cost Agreement, you will be required to submit a copy of that agreement in lieu of providing detail of costs associated with this line. You may charge indirect at a rate not to exceed 10% of the total projected direct costs of your program.

If your organization does not have a Federally Negotiated Indirect Cost Agreement, you will be required to provide detail of what costs are captured in your indirect cost line not to exceed 10% of the total projected direct cost of your program.

ASSURANCES

HAHSTA requires all applicants to submit various Certifications, Licenses, and Assurances. This is to ensure all potential sub-grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package.

HAHSTA classifies assurances packages as two types: those “required to submit applications” and those “required to sign grant agreements.” Failure to submit the required assurance package will likely make the application ineligible for funding consideration [required to submit assurances] or ineligible to sign/execute grant agreements [required to sign grant agreements assurances].

A. Assurances Required to Submit Applications (Pre-Application Assurances)

- Signed Assurances and Certifications
 - a. Certifications (attachment F3),
 - b. Federal Assurances (attachment F2)
 - c. DOH statement of Certification (attachment F1)
- Current Certification of Clean Hands from Office of Tax & Revenue (OTR)
- 501 (c) 3 certification
- List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
- All Applicable Medicaid Certifications

FY2015 HIV Prevention Special Programs and Needle Exchange

- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

B. Assurances required for signing grant agreements for funds awarded through this RFA (Post-Award)

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (Attachment O)
- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

A list of current HAHSTA sub-grantees with valid assurance packages on file with HAHSTA will be available for review at the pre-application conference. Current sub-grantees who do not attend the pre-application conference may contact their grant monitor after the conference to review the list of their valid assurance packages on file. Organizations with confirmed valid assurance package on file will not be required to submit additional information.

The envelope with the assurances must have attached a copy of the Assurance Checklist.

HAHSTA CONTACTS

Applicants are encouraged to e-mail or fax their questions to the contact person(s) listed below on or before July 30, 2014. Questions submitted after the deadline date will not receive responses. Please allow ample time for questions to be received prior to the deadline date.

Contact Person: Stacey L. Cooper, MSW
Deputy Bureau Chief, Prevention
Government of the District of Columbia, Department of Health
HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)
899 North Capitol Street, NE 4th Floor
Washington DC 20002
E-Mail: Stacey.Cooper@dc.gov
Phone: 202.671.4900
Fax: 202.671.4860
Direct Budget Questions to Serge Hyacinthe: Serge.Hyacinthe@dc.gov

Glossary of Terms

Target Population: A particular group of people that is identified as the intended recipient of a service, activity or program (i.e. appropriate to the designated service area: injection drug users, people living with Hepatitis B and C, individuals on Pre-Exposure Prophylaxis, people living with HIV/AIDS, high-risk negatives, Latino populations, African American women, African American heterosexual men, African American MSM, older adults, youth and youth serving organizations). **All services are intended for District residents only.**

Program Area: The particular service area available for funding.

Needle Exchange Services: Needle exchange services provide injection drug users with clean needles, safe disposal of used needles, and sometimes other resources such as condoms, health advice, and access to treatment services.

Harm Reduction Activities: set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.

M.C. WRAP- A District youth program that certifies students to promote condom use among their peers.

MSM: men who have sex with men.

Prevention Activities: planned activities designed to preclude or reduce the one's exposure to HIV/AIDS, sexually transmitted infections, hepatitis, and drug use which has a negative impact on the individual, the family, and the larger society.



ATTACHMENTS

List of Attachments

Attachment A: Letter of Intent

Attachment B: Applicant Profile

Attachment C: Applicant Receipt

Attachment D: Work Plan

Attachment E: Budget Format and Guidance

Attachment F1: Federal Assurance

Attachment F2: Department of Health Certifications

Attachment F3: Statement of Certification

Attachment G: Application Checklist

Attachment H: Organizational Services Summary

Attachment I: Executive Summary

Attachment J: Assurances Checklist

Attachment A: Letter of Intent

Letter of Intent to apply for 2015 Prevention Special Programs and Needle Exchange Program Funding from HAHSTA. Although a letter of intent is not required, this information will assist the HIV/AIDS, Hepatitis, STD and TB Administration in planning for the review process.

Please fax your letter of intent to Stacey Cooper at (202) 671-4860 by July 16, 2014.

The purpose of this letter is to inform you that our organization is interested in applying for funding under **RFA#HAHSTA_PSP071114**

Name of Organization _____

Mailing Address _____

City _____ **State** _____ **Zip** _____ **Ward** _____

Contact Name _____

E-mail _____

Phone: _____ **Ext:** _____ **Fax:** _____

Category Applying Under

(If you wish to apply to provide services to more than one service area you must note them on this letter of intent and submit no more than one application per organization.)

_____ Program Area A: Harm Reduction and Needle Exchange

	Area A1: Needle Exchange
	Area A2: Harm Reduction

_____ Program Area B: Special HIV Prevention Initiatives

	Area B1: Prevention Services for African American Heterosexual Men and MSM Men
	Area B2: Faith Based Initiatives: Prevention for African American Women through Faith-based Approaches
	Area B3: Pre-Exposure Prophylaxis Support and Outreach
	Area B4: Latino Navigator Services
	Area B5: Older Adults and HIV
	Area B6 (a): Youth Services: Peer Education and Support Services
	Area B6(b): Building HIV/STD Capacity among Providers to Young People

FY2015 HIV Prevention Special Programs and Needle Exchange

	Area B6(c): Youth Services: Social Mobilization
--	---



ATTACHMENT B - Applicant Profile

Applicant Name:

TYPE OF ORGANIZATION

Small Business _____ Non-Profit Organizations _____ Other _____

Contact

Person: _____

Office

Address: _____

Telephone: _____

E-Mail Address:

Program Description:

DUNS# _____

Program Area: _____

BUDGET

Total Funds Requested: \$ _____

ATTACHMENT C: Applicant Receipt

District of Columbia, Department of Health
HIV/AIDS, Hepatitis, STD and TB Administration
899 North Capitol Street, NE
Washington, DC 20002

RFA #: HAHSTA_PSP071114

THE DISTRICT OF COLUMBIA, DEPARTMENT OF HEALTH
HAHSTA PREVENTION AND INTERVENTION SERVICES IS IN RECEIPT OF:

<hr/>		
(Contact Name/Please Print Clearly)		
<hr/>		
(Organization Name)		
<hr/>		
(Address, City, State, Zip Code)		
<hr/>		
(Telephone)	(Fax)	(E-mail Address)
<hr/>	<hr/>	<hr/>
		\$
<hr/>		<hr/>
(Program Title- If applicable)		(Amount Requested)

Program Area for which funds are requested in the attached application:

(Check Just one per Application)

____ **Program Area A: Harm Reduction and Needle Exchange**

<input type="checkbox"/>	Area A1: Harm Reduction Activities
<input type="checkbox"/>	Area A2: Needle Exchange Services

____ **Program Area B: Special HIV Prevention Initiatives**

<input type="checkbox"/>	Area B1: Prevention Services for African American Heterosexual Men and MSM Men
<input type="checkbox"/>	Area B2: Faith Based Initiatives: Prevention for African American Women through Faith-based Approaches
<input type="checkbox"/>	Area B3: Pre-Exposure Prophylaxis Support and Outreach
<input type="checkbox"/>	Area B4: Latino Navigator Services
<input type="checkbox"/>	Area B5: Older Adults and HIV
<input type="checkbox"/>	Area B6(a): Youth Services: Peer Education and Support Services
<input type="checkbox"/>	Area B6(b): Youth Services: Building HIV/STD Capacity among Providers to Young People
<input type="checkbox"/>	Area B6(c): Youth Services: Social Mobilization

[District of Columbia, Department of Health USE ONLY]

ORIGINAL PROPOSAL AND _____ (NO.) OF COPIES

RECEIVED ON THIS DATE: _____/_____/2014

TIME RECEIVED: _____ RECEIVED BY: _____

ATTACHMENT D: WORK PLAN

Agency:	Program Period:		
Grant #:	Submission Date:		
Target Population /Service:	2.1 Submitted by:		
2.1 Total Budget \$	3.1 Telephone #		
<u>GOAL 1:</u>			
Measurable Objectives/Activities:			
Process Objective #1: <i>[Example: By December 31, 2008, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 & 6]</i>			
<u>Key activities needed to meet this objective:</u>	<u>Start Date/s:</u>	<u>Completion Date/s:</u>	<u>Key Personnel (Title)</u>
SAMPLE			
Process Objective #2:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
• • • •			
Process Objective #3:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
• • • •			

<Z:\Workplan Template.doc> (link to work plan template)

Please duplicate this page as needed for each Program Goal. Ensure that there are goals and objectives linked to each of the interventions covered under this grant.



ATTACHMENT E: Budget Format and Guidance

Provider Name

Service Area Name

Service Area Budget Summary

	Proposed	Budget
Salaries & Wages Subtotal		
Fringe Benefits Subtotal		
Consultants & Experts Subtotal		
Occupancy Subtotal		
Travel & Transportation Subtotal		
Supplies & Minor Equipment Subtotal		
Capital Equipment Subtotal		
Client Costs Subtotal		
Communications Subtotal		
Other Direct Costs Subtotal		
Administrative Cost Subtotal	10%	
Advance Subtotal		
TOTAL		-

Personnel Schedule

		Option No. 1		Option No. 2				
Position Title	Site	Annual Salary	FTE	Hourly Wage	Hours per Month	Monthly Salary or Wage	No. of Mo.	Budget Amount
TOTAL								

Consultant/Contractual

Item	Unit	Unit Cost	Number	Budget
				-
TOTAL				-

Occupancy Schedule

Facility	Site	Unit	Unit Cost	Number	Budget
Rent					-
Utilities (Gas/Electric/Water)					-

TOTAL					-
--------------	--	--	--	--	---

Travel / Transportation Schedule

Item	Unit	Unit Cost	Number	Budget
				-
TOTAL				-

Supplies

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Capital Equipment Schedule

Item	Site	Unit	Unit Cost	Number	Budget
TOTAL					

Client Cost Schedule

Item	Site	Unit	Unit Cost	Number	Budget

					-
TOTAL					-

Communications Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-
					-
TOTAL					-

Other Direct Costs Schedule

Item	Unit	Unit Cost	Number	Budget
TOTAL				

Indirect Costs

TOTAL								

Attachment F1: DOH Assurances

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health



Department of Health Statement of Certification

- A. The applicant/grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The applicant/grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. The applicant/grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. That the applicant/grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the applicant/grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the applicant/grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the applicant/grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
- I. That the applicant/grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- J. That the applicant/grantee has a satisfactory record performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the applicant has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an applicant's performance to OPGS which shall collect such reports and make the same available on its intranet website.
- K. That the applicant/grantee has a satisfactory record of integrity and business ethics;
- L. That the applicant/grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- M. That the applicant/grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the applicant/grantee complies with provisions of the Drug-Free Workplace Act; and

- O. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations;
- P. The grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the applications, I hereby certify that the applicant will comply with the above certifications.

Applicant/Grantee Name

Street Address

City _____ **State** ____ **Zip Code** _____

Application Number and / or Project Name

Grantee IRS/Vendor Number

Signature: _____
{Insert Name}, Executive Director

Date: _____

Attachment F2: Federal Assurances

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH



Federal Assurances

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31,1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. Seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
16. In addition to the above, the applicant shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
 - a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
 - b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
 - c) The Clean Air Act (Subgrants over \$100,000) Pub. L. 108-201, February 24, 2004, 42 USC cha. 85et.seq.
 - d) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et.seq.)
 - e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
 - f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
 - g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
 - h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
 - i) Executive Order 12459 (Debarment, Suspension and Exclusion)
 - j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
 - k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
 - l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
 - m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
 - n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
 - o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)

As the duly authorized representative of the applications, I hereby certify that the applicant will comply with the above Federal statutes, regulations, policies, guidelines and requirements:

Applicant/Grantee Name

Street Address

City _____ **State** ____ **Zip Code** _____

Application Number and / or Project Name

Grantee IRS/Vendor Number

Signature: _____
 {Insert Name}, Executive Director

Date: _____

Attachment F3: Certifications

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health



Certifications Regarding, Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

2. Debarments and Suspension, and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

The applicant certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Awardees Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

The applicant certifies that it will or will continue to provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- B. Establishing an on-going drug-free awareness program to inform employee's about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The applicant's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
 - (5) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
 - (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would---
 - (7) Abide by the terms of the statement; and
 - (8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
 - (9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of

convicted employees must provide notice, including position title to: The Office Grants Management and Resource Development, 899 North Capitol St. NE, 4th Floor (Contact: Chief, Office of Grants Management), Washington DC 20002. Notice shall include the identification number(s) of each effected grant.

- (10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted ---

- (a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
- (c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (l), (c), (d), (e), and (1).

- (11) The applicant may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)
Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67615 and 67.620-

- (12) As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

- (13). If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

D.C. Department of Health, 899 North. Capitol St., NE, Washington, DC 20002

As the duly authorized representative of the Applicant organization, I hereby certify that the Applicant will comply with the above certifications.

Applicant/Grantee Name _____ **City** _____ **State** ____ **Zip Code** _____

Street Address

Application Number and / or Project Name

Grantee IRS/Vendor Number

Signature: _____
{Insert Name}, Executive Director

Date: _____

Attachment G: Application Checklist

- ☐ The applicant organization/entity has responded to all sections of the Request for Application.
- ☐ **The applicant describes programs that are only for District residents in District venues.** These funds shall not be used for non-DC residents.
- ☐ **The applicant has submitted only one application per organization with multiple program activity plans, if applicable. Multiple applications from a single entity will be deemed ineligible and will not be reviewed.**
- ☐ The Applicant Profile, Attachment B, contains all the information requested and is affixed to the front of each envelope.
- ☐ The Proposed Budget is complete and complies with the Budget format listed in Attachment E of the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The application is printed on 8½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins. Applications that do not conform to this requirement will not be forwarded to the review panel.
- ☐ The application is unbound and submitted with rubber bands or binder clips only.
- ☐ **One hard copy marked “original” with all attachments is in an individually sealed envelope and five (5) hard copies. Applications will not be forwarded to the review panel if the applicant fails to submit the required submission.**
- ☐ The application is submitted to the HAHSTA no later than 4:45 p.m. on the deadline date of Monday, August 11, 2014.
- ☐ The project narrative section is complete and is within the page limit for this section of the RFA submission.
- ☐ The Certifications and Assurances, and all of the items listed on the Assurance Checklist, are complete and are included in the assurance package.
- ☐ The assurance packages are submitted marked “original.”
- ☐ The appropriate appendices, including Memoranda of Understanding, job descriptions; licenses (if applicable) and other supporting documentation are enclosed.

Attachment H: Organizational Services Summary

Service Category	Provide Directly	Direct Linkage* to Other Agency	If Direct Linkage, Established MOU (Yes/No), with whom?
1. Primary HIV Care (PLWHA)			
2. Medical Case Management (PLWHA)			
3. Case Management (non-Medical) (PLWHA)			
4. Substance Abuse Services			
5. Mental Health Services			
6. Nutritional Services/Food Bank			
7. Emergency Financial Assistance			
8. Housing Services			
9. Prevention for PLWHA			
10. Support Groups			
11. Individual-Level Prevention, For persons who are HIV Negative/Unknown			

Attachment H: Organizational Services Summary

Service Category	Provide Directly	Direct Linkage* to Other Agency	If Direct Linkage, Established MOU (Yes/No), with whom?
12. Group-level Prevention Interventions, For persons who are HIV Negative/Unknown			
13. Community-level Prevention Interventions, for persons who are HIV Negative/Unknown			
14. HIV Counseling, Testing, Referral			
15. STD Diagnosis and Treatment			
16. IDU risk reduction including Needle Exchange			
17. Condom distribution/Recruitment of Condom Distribution sites			
18. Childcare or Respite Services			
19. Transportation Services			
20. Outreach Services			
21. Legal Services			

Attachment I: Executive Summary

Organization _____

We are applying for (Check list of parts & activities):

Check Applicable Service Areas	Prevention Activities	Target Population(s)*	New Activity/Continuing Activity	\$\$ Requested
	<p>Area A: Harm Reduction and Needle Exchange Activities</p> <p>Area A1: Needle Exchange Services</p> <p>Area A2: Harm Reduction Activities</p> <p>Area B: Special HIV Prevention Initiatives</p> <p>Area B1: Prevention Services for African American Heterosexual Men and MSM Men</p> <p>Area B2 Faith Based Initiatives: Prevention for African American</p>			

Check Applicable Service Areas	Prevention Activities	Target Population(s)*	New Activity/Continuing Activity	\$\$ Requested
	<p>Women through Faith-based Approaches</p> <p>Area B3: Pre-Exposure Prophylaxis Support and Outreach</p> <p>Area B4: Latino Navigator Services</p> <p>Area B5: Older Adults and HIV</p> <p>Area B6: Youth Services</p> <p>Area B6 (a): Youth Services: Peer Education and Support Services</p> <p>Area B6 (b): Youth Services: Building HIV/STD Capacity among Providers to Youth People</p> <p>B6 (c): Youth Services: Social Mobilization</p>			

Attachment J Assurances Checklist

Applicants are required to submit one copy of certification, affidavits, and assurances in a sealed envelope. The assurances checklist found below should be completed and placed in the envelope. The outside of the envelope must be conspicuously marked as follows:

Assurances in response to **RFA Number: HAHSTA_PSP071114**

Name of
Organization _____

—

ASSURANCES CHECKLIST

1. ☐ Signed DOH Federal Assurances (Attachment F) (located in RFA in which you are applying)
 - Certifications Regarding Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace
 - Federal Assurances
 - Department of Health Statement of Certification
2. ☐ Current Business License
Department of Consumer and Regulatory Affairs (DCRA)

1100- 4th Street, S.W. Contact: 202-442-4400

www.dcr.dc.gov Click on “Business Licensing & Regulation,” then click on “Renew” BBL
3. ☐ Current Certificate of Clean Hands (formerly Certificate of Good Standing)
Office of Tax & Revenue (OTR) (You can only apply for this on-line. It takes at least 7 days, but no more than 14 days.)

1100- 4th Street, S.W. Contact: Rhonda Lycorish 202-442-6815

www.otr.cfo.dc.gov Click on “Business Tax,” then click on “Certificate of Clean Hands”
- ☐ 501 © (3) Certifications. For Non-Profit Organizations
4. ☐ List of Board of Directors, on letterhead, for current year, signed by a certified official from the Board.
5. ☐ Medicaid Certification(s) if applicable. NOTE: Medicaid certification is not applicable to service categories funded under this RFA.

For more information contact April Richardson, Grants Management Specialist (HAHSTA) –

April.Richardson@dc.gov or 202-671-4828

